Schedule E)	PAGE 1 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report	rt Amends report filed on
Full Name of Payee Caleb Craig	Date of Public Distribution/Dissemination
	11 04 2014
Mailing Address 1410 Bushville drive	Amount
City State 2	Zip Code 120.00
Lenoir NC	28645 Transaction ID : 18bf7fc6-0b6d-444a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 05 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
Full Name of Payee Eva M Johnston	Date of Public Distribution/Dissemination
	11 / 05 / Y Y Y Y Y
Mailing Address 2517 N 47th St	Amount
City State 2	Zip Code 50.00
Milwaukee WI	53210 Transaction ID : 62825bff-2fe6-43c6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 05 / Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 237536.64 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	reported herein were not made in cooperation, consultation, or concert committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Electronic Signature	cally Filed] Date 11 06 2014
2.3/1000	

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report Mew report Amends report filed	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Christopher Marquess	11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 110 W Pecan St	Amount
	City State Zip Code	55.00
	Ville Platte LA 70586	Transaction ID : fa6fdbe8-ee8b-4f6b-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
		ursement For: Primary X General
	Per Election for Office Sought 237536.64 2014	Other (specify)
	Full Name of Payee Christopher Marquess	Date of Public Distribution/Dissemination
	Moiling Address	11 05 2014
	Mailing Address 110 W Pecan St	Amount
	City State Zip Code	28.80
	Ville Platte LA 70586	Transaction ID : 3655fdcf-17c4-442b-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 05 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 237536.64	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	83.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F · 11	1 06 2014
	Signature	

PAGE 2

OF

Schedule E)		TI EXI END			PAGE 3 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In	,				FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	t PAC				C C00530766
Check if 24-hour repor	t 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee				Date	of Public Distribution/Dissemination
Tammay Willian					11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N	. Prieur St			Amou	unt
City		State	Zip Code	<u> —</u> Г.	40.00
New Orleans		LA	70116		saction ID: 85938227-7874-48d5-8 of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001	$\Box \mid \Box$	11 05 7 2014
Name of Federal Candi	date		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu			Oppose	Presid	
Calendar Year-To-E Per Election for Of		, , , , 2	237536.64	Disbursement 2014	nt For:
Full Name of Payee				Date	of Public Distribution/Dissemination
Tammay William	S			r	M M / D D / Y Y Y Y Y
Mailing Address 924	N. Prieur St				11 05 2014
924	N. Prieur St			Amo	unt
City		State	Zip Code		12.00
New Orleans		LA	70116		action ID : d5cc5049-9706-4603-a of Disbursement or Obligation
Purpose of Expenditure Mileage)		Category/ Type 002	$\Box \mid \Box$	11 / 05 / Y 2014
Name of Federal Cand	idate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	
Calendar Year-To-E Per Election for O		7 1 7	237536.64	Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemiz	zed Independent Expenditu	res		•	52.00
(b) SUBTOTAL of United	mized Independent Expend	itures		·· •	7 1 7 1 7
(c) TOTAL Independent	Expenditures			·· •	
with, or at the request of		late or authorized			cooperation, consultation, or concert f the reporting entity is not a political
Ms. Emily Bu	ıchanan	[Electron	ically Filed] Date	e 11	06 2014
Signature			_		

Schedule E)	L/(1 L.(.)	1101120		PAGE 4 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				G coccosico
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Antoinette Franklin			Date of	of Public Distribution/Dissemination
			М	11 05 7 2014
Mailing Address 8822 Apple St			Amou	nt
City	State	Zip Code	<u> </u>	40.00
New Orleans	LA	70188		action ID: 55c516c6-5084-49f1-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	237536.64	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
Antoinette Franklin			M	11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St				
			Amou	nt
City	State	Zip Code		12.00
New Orleans	LA	70188	Transa Date	oction ID : 4621df31-66ba-418b-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 / 05 / 2014
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		237536.64	Disbursemen 2014 O	ther (specify) ►
•				
(a) SUBTOTAL of Itemized Independent Expenditures.			•	52.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· -	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	, 11	06
Signature				

		FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
F	Full Name of Payee Joneisha Stewart	Date of Public Distribution/Dissemination
		11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 2329 Runnymede Dr	Amount
	City State Zip Code	30.00
	Marrero LA 70072	Transaction ID : 79bdaf6c-a422-4d62-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 / 05 / 2014
Ν	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 237536.64 Disbut 2014	rsement For: Primary General Other (specify)
	Joneisha Stewart	Date of Public Distribution/Dissemination
ľ	Mailing Address 2329 Runnymede Dr	11 05 2014 Amount
	City State Zip Code	7.80
	Marrero LA 70072	Transaction ID: b479339a-2564-47fb-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 / 05 / 2014
1	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 237536.64	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	37.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(с) TOTAL Independent Expenditures	
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	06 2014
	Signature	

PAGE

OF

Schedule E)	IN EXILIE	TIONES	PAGE 6 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination
			11 / 05 / 2014
Mailing Address 7650 Fallswood Way			Amount
City	State	Zip Code	30.00
Lorton	VA	22079	Transaction ID : 12d179ba-61c9-49c0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	237536.64	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Julia Perry			11 05 / Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C			Amount
City	State	Zip Code	60.00
Shreveport	LA	71101	Transaction ID : 4db464a0-9f2f-4e2c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11 / 05 / Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		237536.64	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		90.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·
(c) TOTAL Independent Expenditures			·
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 06 2014
-			

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Julia Perry	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C	nount
City State Zip Code	6.00
Shreveport LA 71101 Tra	nnsaction ID : e41a0c80-ccb5-41ac-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 237536.64 Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date	te of Public Distribution/Dissemination
Malling Address	11 05 2014
- 000 Evangeline of	nount
City State Zip Code	60.00
Dat	nsaction ID : aace6783-6625-4dba-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 05 / Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Mary L Landrieu Oppose Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 237536.64 Disbursem 2014	nent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	66.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 7

OF

Schedule E)		PAGE 8 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New report Amends report fil	led on
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination
Mailing Address 300 Evangeline St		11 05 / 2014
Walling Address 300 Evangeline St		Amount
City State	Zip Code	6.60
Monroe LA	71201	Transaction ID: 4b61699b-6d1c-49ad-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 05 2014
Name of Federal Candidate	Support Of	fice Sought: House District:00
Ms. Mary L Landrieu	Oppose [President State: LA
Calendar Year-To-Date Per Election for Office Sought	237536.64 Dis	sbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Ryan Drake		11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St		Amount
City State Walker LA	Zip Code 70785	22.50 Transaction ID : d110af24-43b6-4e5a-a
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
Salary	Type 001	11 05 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General Other (specify) ▶
•		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	29.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(a) TOTAL Independent Evpanditures		
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent experwith, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = 1
Signature		

Schedule E)	NI EXI END	ITOTIES		PAGE 9 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Ryan Drake			M 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		4.50
Walker	LA	70785		ID: caebdfe6-e49b-42fb-a pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	237536.64	Disbursement For: 2014 Other (s	Primary X General Specify) ►
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Francis Richardson			M M 11	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd			Amount	
City	State	Zip Code		15.00
Lafayette	LA	70503		ID: 84553bdd-07ef-48ae-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	237536.64	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			19.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		• •	
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 06	2014
- 3				

	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Francis Richardson	11 05 2014
	Mailing Address 220 Doucet Rd	Amount
	City State Zip Code	0.72
	Lafayette LA 70503	Transaction ID : 65972c6e-8af5-4fe6-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 237536.64 2014	ursement For: Primary X General
	Tel Election for Office Sought	U Other (specify) ▶
	Full Name of Payee Billy Martin	Date of Public Distribution/Dissemination
	Mailing Address 250 JS Brewton rd	11 05 2014 Amount
	City State Zip Code	30.00
	goldonna LA 71031	Transaction ID : f1c1fd51-3184-4a7d-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	ee Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb. 237536.64	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	30.72
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) (* 1) 771 17	11 06 2014
	Signature	

PAGE 10

OF

Schedule E)	VI EXI END	ITOTILO	⊢	PAGE 11 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Billy Martin			M M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 JS Brewton rd			Amount	
City	State	Zip Code		3.60
goldonna	LA	71031		9: 9fbf05dd-cf14-43b9-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	:	237536.64	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Michael A Toomey			M M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount	
City	State	Zip Code		50.00
Monroe	LA	71212		: 9d567151-6bd7-4bd1-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	237536.64	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditu	res			53.60
			4	7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· •	7
(c) TOTAL Independent Expenditures			•	1 4 1 4 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 06	2014
- 3				

							FOR SE OF	FORM 24/48
NAME OF COMMITTE						FEC I	DENTIFICATION	ON NUMBER ▼
Women Speak	Out PAC					С	C00530766	
Check if 24-hour	report 48-hour report	New repo	ort Am	nends repo	ort filed on	- M	/ D = D /	YIYIY
Full Name of Paye	ee				Date	of Publ	lic Distribution	Dissemination
Michael A T	-					11	05	2014
Mailing Address 2	1120 Bon Aire Dr Apt 6307				Amou	nt		
City		State	Zip Code		— IT.			9.30
Monroe		LA	71212				ID: ea7f0083 oursement or 0	-7f3a-49dd-9
Purpose of Expen Mileage	diture		Category/ Type			11	05	2014
Name of Federal	Candidate			Support	Office Sough	nt:	House	District:00
Ms. Mary L Landri	eu			Oppose	Presid	L	X Senate	State: LA
Calendar Yea Per Election	r-To-Date for Office Sought	2	37536.64		Disbursemer 2014		Primary specify) ▶	General
Full Name of Pay Gregory Gre		_			Date	of Pub	/ D D /	/Dissemination
Mailing Address	2506 Bolch Street				Amou	11 int	05	2014
City		State	Zip Code			-		80.00
Shreveport		LA	71104				ID: bdb1761b oursement or (-863d-4725-a
Purpose of Exper Salary	diture		Category/ Type			11	05	2014
Name of Federal	Candidate			Support	Office Sough	nt:	House	District: 00
Ms. Mary L Landr	eu		X	Oppose	Presid	ent	Senate	State: LA
Calendar Yea Per Election	r-To-Date for Office Sought	7 7	237536.6	64	Disbursemer 2014		Primary specify) ▶	General
(a) SUBTOTAL of	Itemized Independent Expenditur	res					7	89.30
(b) SUBTOTAL of	Unitemized Independent Expend	itures			. •			
(c) TOTAL Indepen	ndent Expenditures				•		7	
with, or at the requ	erjury I certify that the independ est or suggestion of, any candid ny political party committee or its	ate or authorized						
	nily Buchanan	[Electroni	cally Filed]	Date	M M /	06	201	4
Signature								

PAGE

OF

Schedule E)	JIL O	PAGE 13 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 00000000
Check if 24-hour report 48-hour report New report	Amends report filed or	1 M = M / D = D / Y = Y = Y = Y
Full Name of Payee	С	Date of Public Distribution/Dissemination
Gregory Green		11 05 / Y Y Y Y
Mailing Address 2506 Bolch Street	A	Amount
City State Zi _I	p Code	82.50
	1104 T	Transaction ID: d55f7e32-05d7-46e7-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Mary L Landrieu		resident State: LA
Calendar Year-To-Date Per Election for Office Sought 237	7536.64 Disburse 2014	ement For:
Full Name of Payee	1	Date of Public Distribution/Dissemination
Lilly Green		11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle		Amount
City State Zi	ip Code	80.00
	71119 Tr	ransaction ID : 4880de6f-10cf-4a36-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ 001	11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Mary L Landrieu	Oppose P	resident State: LA
Calendar Year-To-Date Per Election for Office Sought	237536.64 Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	162.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······	1 1 4 1 1 4 1 4 1
(c) TOTAL Independent Expenditures	· [
Under penalty of perjury I certify that the independent expenditures repuish, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	Illy Filed] Date 11	06 2014
Signature		

	,	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lilly Green	11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 205 Medallion Circle	Amount
ŀ	City State Zip Code	64.50
	Shreveport LA 71119	Transaction ID: 0878ca20-5160-41f9-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 05 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 237536.64 Disbut 2014	orsement For: Primary
	Full Name of Payee Felicia A Jones Mailing Address 4106 Martha St	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code Shreveport LA 71109	60.00 Transaction ID : fd7b6cb1-dfd0-4d46-a
-	Purnose of Evnanditure	Date of Disbursement or Obligation
	Salary Category/ Type 001	11 05 / 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 237536.64	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	124.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	1 06 2014
	Oignature	

PAGE

OF

Schedule E)	11 = 71 = 11 =	1101120		PAGE 15 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Payee Felicia A Jones			M	f Public Distribution/Dissemination
Mailing Address 4106 Martha St			Amoun	t
City	State	Zip Code		6.30
Shreveport	LA	71109		iction ID: f74c910c-2bff-4bcc-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 05 / 2014
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		237536.64	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee Laura U Logie				f Public Distribution/Dissemination
				11 05 2014
Mailing Address 2565 Shire Circle			Amoun	nt
City	State	Zip Code		30.00
Harrisonburg	VA	22801	Transac Date o	ction ID: c4a2ffa7-e471-4596-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 05 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	237536.64	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ires			36.30
(a) CODICIAL O. ROMECO MESSESSESSES ENGINEERS	100			7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / / / / / / / / / / / / / / / / / /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	IVI EXI END	HONES	PAGE FOR	E 16 OF 26 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	FICATION NUMBER ▼
Women Speak Out PAC			C C0053	0766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on M / D	D / Y = Y = Y
Full Name of Payee Timothy Foley				bution/Dissemination
Mailing Address 20679 Glenbrook Terrace			11 / 0	
3 3 20079 Gieribrook Terrace			Amount	
City	State	Zip Code		25.00
Sterling	VA	20165	Transaction ID: 893 Date of Disburseme	
Purpose of Expenditure Salary		Category/ Type 001	11 / C	2014
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00
Ms. Mary L Landrieu		X Oppose	President X Ser	nate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	237536.64	Disbursement For: For: Other (specify)	Primary X General
Full Name of Payee			Date of Public Distr	ibution/Dissemination
Brogan A Benoit				5 2014
Mailing Address 7144 South River Rd			Amount	
City	State	Zip Code		70.00
Addis	LA	70710	Transaction ID: 6d1 Date of Disburseme	
Purpose of Expenditure Salary		Category/ Type 001	11 / 0	2014
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00
Ms. Mary L Landrieu		X Oppose	President X Ser	nate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	237536.64	Disbursement For: F 2014 Other (specify)	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			95.00
(I) OUDTOTAL (III II I I I I I I I I I I I			7	7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	4
(c) TOTAL Independent Expenditures			>	7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 06 /	2014
				

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour	ur report New report	Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Brogan A Benoit			11 05 2014
Mailing Address 7144 South River Ro	I		Amount
City	State Zip Coo	le	14.70
Addis	LA 70710		Transaction ID : 4dbbd847-3101-4153-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Categ	ory/ ype 002	M 11
Name of Federal Candidate		Support Office	Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	237536.6		rsement For:
Full Name of Payee Michael Vidrine	-		Date of Public Distribution/Dissemination
			11 05 / Y Y Y Y
Mailing Address 1103 West Wilson	Street		Amount
City	State Zip Co	de	70.00
Ville Platte	LA 70586		Transaction ID: 16a973cc-709a-4ad2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Categ	ory/ ype 001	11 / 05 / 2014
Name of Federal Candidate		Support Office	Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2375		rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	ent Expenditures	·····	84.70
(b) SUBTOTAL of Unitemized Indepen	ndent Expenditures	·····	
(c) TOTAL Independent Expenditures		······	
	f, any candidate or authorized commit		de in cooperation, consultation, or concert , or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Fil	ed] Date 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

PAGE

17

OF

· · · · · · · · · · · · · · · · ·				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Michael Vidrine			[11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street			Amo	unt
City	State	Zip Code		29.40
Ville Platte	LA	70586		saction ID: 4a7d16f9-c034-4dc6-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 05 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		237536.64	Disburseme 2014	nt For:
Full Name of Payee Kelly Dolan			Date	of Public Distribution/Dissemination
Mailing Address 543 S 2nd St			Amo	
City	State	Zip Code	$ \Gamma$	80.00
Bellaire	NC	77401		action ID: e03dd8bd-d9a8-434e-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001] [11 05 7 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	237536.64	Disburseme 2014	ont For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures			109.40
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	4 4 4
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	06 / 2014
Signature				

PAGE

18

OF

Schedule E)		1101120		PAGE 19 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			The state of the s	C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Kelly Dolan			M 1	M / D D / Y Y Y
Mailing Address 543 S 2nd St			Amount	
City	State	Zip Code		7.80
Bellaire	NC	77401		ction ID: 572e795f-b87a-41bb-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, ,	237536.64	Disbursement F 2014 Other	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Christine Stevens			M	
Mailing Address 100 Asbury Ct				1 05 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		40.00
Winchester Durage of Evranditure	VA	22602		ion ID: e8226066-5ed0-4857-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1:	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7 7	237536.64	Disbursement I 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditure)S		•	47.80
(b) SUBTOTAL of Unitemized Independent Expendit	:ures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· .	7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

NAME OF COMMITTEE (In Full) Women Speak Out PAC	
Women Speak Out PAC	ATION NUMBER ▼
C C0053076	66
Check if X 24-hour report 48-hour report New report Amends report filed on	/ Y = Y = Y = Y
Full Name of Payee Jazmine d Conner Date of Public Distribut	/ Y = Y = Y = Y
Mailing Address 100 ASBURY CT Amount	2014
City. State 7in Code	40.00
City State Zip Code WINCHESTER VA 22602 Transaction ID : 0f94d Date of Disbursement of	
Purpose of Expenditure Salary Category/ Type 001 11 05	/ Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Prim 2014 □ Other (specify) ▶	nary X General
Full Name of Payee Date of Public Distribut	tion/Dissemination
Jon E Conner	2014
Mailing Address 100 Asbury Ct Amount	
City State Zip Code	40.00
Winchester VA 22602 Transaction ID : 35c576 Date of Disbursement	
Purpose of Expenditure Salary Category/ Type 001 11 11 O5	2014
Name of Federal Candidate Support Office Sought: House	e District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Print 2014 □ Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	-
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, cons with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entiparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 06	2014

Sc	chedule E)	LAFLINDI	TOTILS				PAGE 21 OF FOR SE OF FORM 2	26 4/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUM	BER ▼
V۱	Vomen Speak Out PAC					C	C00530766	
Ch	eck if 24-hour report 48-hour report	New repo	ort Amer	nds repo	rt filed on	- M /	D = D / Y = Y =	YYY
	Full Name of Payee Rodney O Culbreath					M /		Y Y
	Mailing Address 100 Asbury Ct				Amou	11 nt	05 201	4
	City S	tate	Zin Codo					10.00
		VA	Zip Code 22602				D: 79fedd00-8216-4f9 rsement or Obligation	
	Purpose of Expenditure Salary		Category/ Type	001		11 /		4
	Name of Federal Candidate		Sui	pport	Office Sough	t:	House District:	00
	Ms. Mary L Landrieu			pose	Preside	_		LA
	Calendar Year-To-Date Per Election for Office Sought	2	37536.64		Disbursement 2014 O	t For: ther (spe		General
	Full Name of Payee Rodney D Culbreth					1 = M /		YY
	Mailing Address 100 Asbury CT				Amou	11	05 201	4
	3200 Dam Neck Rd				7 11100			
	,	tate VA	Zip Code 22602				: 9116394c-3e68-49c	
	Purpose of Expenditure Salary		Category/ Type	001		of Disbu	rsement or Obligation	YY
	Name of Federal Candidate		Su	pport	Office Sough	nt:	House District:	00
	Ms. Mary L Landrieu			pose	Presid	ent >	Senate State:	LA
	Calendar Year-To-Date Per Election for Office Sought		237536.64		Disbursemer 2014	nt For: Other (sp		General
	(a) SUBTOTAL of Itemized Independent Expenditures				.		80.0	00
	(b) SUBTOTAL of Unitemized Independent Expenditure	s			· [
	(c) TOTAL Independent Expenditures				· [1 7	1 1 1 1 1 1	
,	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized						
	Ms. Emily Buchanan Signature	[Electroni	cally Filed]	Date	11	06	2014	
,	(c) TOTAL Independent Expenditures	expenditures or authorized ent.	reported herei committee or	in were agent of	not made in of either, or (if	the repo	ion, consultation, or corting entity is not a p	onc

Sch	nedule E)	L /(1 L /(2 ·	TOTILO		PAGE 22 OF 26 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report 48-hour report	New repo	ort Amends	report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee Rze Culbreath				Date of Public Distribution/Dissemination
1	Mailing Address 100 Asbury Ct				11 05 2014 Amount
	City	State	Zip Code		40.00
	Winchester	VA	22602		Transaction ID: eb05f4ad-8dc8-43f7-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	11 05 7 2014
	Name of Federal Candidate		Suppoi	rt Office	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppos		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	237536.64	Disbu 2014	ursement For: Primary
	Full Name of Payee Hannah J Landry				Date of Public Distribution/Dissemination
	Mailing Address 1110 N Coolidge				11 05 2014 Amount
	City	State	Zip Code		35.00
	Gonzales	LA	70737		Transaction ID: f2fe2fa3-6d9f-4bc6-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	11 05 7 2014
	Name of Federal Candidate		Suppo	ort Office	e Sought: House District: 00
-	Ms. Mary L Landrieu		Oppos		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		237536.64	Disbu 2014	ursement For: Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures.			······ >	75.00
(b	b) SUBTOTAL of Unitemized Independent Expenditure	'es		·····	
(0	c) TOTAL Independent Expenditures			······ >	
Wi	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 1	1 06 2014
	Signature				

Schedule E)	EXI END	101120		PAGE 23 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y D Y D
Full Name of Payee Hannah J Landry			M	f Public Distribution/Dissemination
Mailing Address 1110 N Coolidge			Amour	t
City	State	Zip Code		12.06
Gonzales	LA	70737		nction ID : 9c522f20-5df7-400f-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 05 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		37536.64	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Mary C Lee				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amour	
City	State	Zip Code	— r	35.00
Gonzales	LA	70737	Transac Date o	ction ID : bb40090f-dce0-4619-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 05 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	237536.64	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures				47.06
			, F	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M = M /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	LIVI EXI END	HONES	⊢	PAGE 24 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary C Lee			M M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		12.06
Gonzales	LA	70737		: b19dfc9f-464d-4258-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	,	237536.64	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Cynthia J Christmas			M M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1731 Frenchmen St			Amount	2014
City	State	Zip Code		60.00
New Orleans	LA	70116		: ebb76067-ae8d-40fa-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	237536.64	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			72.06
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 06	2014
- 3				

Schedule E)				PAGE 25 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee Cynthia J Christmas			M	of Public Distribution/Dissemination
Mailing Address 1731 Frenchmen St			Amour	11 05 2014 nt
City	State	Zip Code		20.10
New Orleans	LA 70116			action ID : 7c06f753-b288-4ccc-8 If Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 05 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	237536.64	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee Corban L Barnett				of Public Distribution/Dissemination
Mailing Address 1001 N Prospect			Amour	11 04 2014 nt
City	State	Zip Code		20.00
Liberal	KS	67901		ction ID : 1301b145-cfb5-4ab0-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 04 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Greg Orman		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	250401.21	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	∋s			40.10
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)			1101120		PAGE 26 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
Check if X 24-hour rep	ort 48-hour report	New rep	ort Amends repo	ort filed on	M
Full Name of Payee Corban L Barn	ett				of Public Distribution/Dissemination
Mailing Address 100					11 04 2014
				Amou	nt
City		State	Zip Code		1.50
Liberal		KS 67901			saction ID: 96c9299a-5050-4c87-a of Disbursement or Obligation
Purpose of Expenditu Mileage	re		Category/ Type 002		11 / 04 / 2014
Name of Federal Can	didate		Support	Office Sough	it: House District: 00
Mr. Greg Orman			X Oppose	Presid	ent Senate State: KS
Calendar Year-To Per Election for			250401.21	Disbursemer 2014	nt For:
Full Name of Payee				Date	of Public Distribution/Dissemination
Amelia Bracket	į				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80	4 Roundabout Circle			Amou	
				Amou	mı
City		State	Zip Code		110.00
Searcy		AR	72143		action ID: 173e6023-4ae7-4cb2-8 of Disbursement or Obligation
Purpose of Expenditu Salary	re		Category/ Type 001		11 02 / Y Y Y Y
Name of Federal Car	ndidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor			X Oppose	Presid	ent Senate State: AR
Calendar Year-To Per Election for			283336.30	Disbursemer 2014	nt For:
(a) SUBTOTAL of Iten	nized Independent Expendito	ures		. ▶	111.50
(b) SUBTOTAL of Unit	temized Independent Expen	ditures		·· •	7 1 7 1 7
(c) TOTAL Independen	nt Expenditures			·· •	1939.74
with, or at the request		date or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	ically Filed] Date	e 11 /	06
Signature					